

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003741

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 8 1963

1003

1000

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PAGE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b 1 1/2 Yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist		d. STREET ADDRESS (If outside, give location) 7023 Edison	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First John Middle H. Last Kruse		Month 1 Day 28 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-28-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agent		11. BIRTHPLACE (City and state or country) St. Louis, Missouri U. S. A.	
13a. FATHER'S NAME Julius Kruse		14. NAME OF HUSBAND OR WIFE Elizabeth Kruse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT Elizabeth Kruse 7023 Edison	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DIABETES MELLITUS 964-4444-4444 DUE TO (c) PANCREATIC FIBROSIS		INTERVAL BETWEEN ONSET AND DEATH 26 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC MYOCARDITIS 260x		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month; Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 2-28-44 to 1-28-63 and last saw him alive on 1-28-63 Death occurred at 9:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 3209 S. Grand Ave. ST. LOUIS 18 MO	
22a. SIGNATURE (Degree or title) Wm. R. Kruse M.D.		22c. DATE SIGNED 1-30-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. LOCATION (City, town, or county) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ST. LOUIS FUNERAL HOME		25. DATE RECD. BY LOCAL REG. JAN 30 1963	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harvey Kable

Licensed Embalmer No.

4596

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.